

In this issue:

- National Provider Identifier (NPI)
- 1 Attention: All Prescribers and Outpatient Pharmacy Providers
- 11 Physicians Billing for Prophylactic Mastectomies
- 11 Identify Medicare Crossover Claims
- 12 Adjust or Resubmit?
- 13 Paper Claims: Do Not Require National Provider Identifier (NPI)
- 14 Medicaid Management Information System (MMIS) Transition News
- 14 Top Reason Paper Claims are Returned Without Processing
- 15 Physician Code Reimbursement Rates
- 15 Keep Your Staff
 Up-to-Date on Accurate
 Claims Processing
- 15 For Your Information ...
- 16 September Office Closure

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho



From the Idaho Department of Health and Welfare, Division of Medicaid

September 2008

National Provider Identifier (NPI)

Are you still getting NPI denial codes on your claims? Your local provider relations consultant (PRC) is available to help you with NPI registrations and claim issues. You can also email your questions to **NPIHD@dhw.idaho.gov**. PRC phone numbers are listed in the sidebar on page 5.

Attention: All Prescribers and Outpatient Pharmacy Providers

This notice contains critically important information regarding compliance with the Medicaid Tamper Resistant Requirements.

- As of October 1, all fee-for-service Medicaid prescriptions that are either handwritten or printed from an electronic medical record (EMR)/ePrescribing application must contain at least one feature from each of the three categories of tamper resistance (see below for details). Note: Compliance as of April 1, 2008 only required one feature from one category of tamper resistance – so continuing in compliance for October may require additional steps by your prescription pad or software vendor.
- Prior guidance for printed prescriptions generated from EMRs or ePrescribing applications stated that special copy resistant paper would likely be required for printed prescriptions to be in compliance as of October 1, 2008. CMS has clarified this statement, and is now stating that while special paper may be used to achieve copy resistance there may be alternative methods to achieve compliance. EMR or ePrescribing generated prescriptions may be printed on plain paper, and be fully compliant with all three categories of tamper resistance provided they contain at least one feature from each of the three categories detailed below.

As of October 1, 2008, all handwritten and/or computer generated (by EMRs or ePrescribing applications) printed prescriptions for fee-for-service Medicaid patients, must be fully compliant with federal and/or state guidance for prescription tamper resistance. While the first phase of tamper resistance guidance required prescribers to use at least one feature from one category of tamper resistance, this second phase requires that these handwritten or computer printed Medicaid prescriptions contain at least one industry recognized feature from each of the three categories of tamper resistance. Prescriptions for Medicaid patients that are telephoned, faxed, or ePrescribed are exempt from these tamper resistance requirements.

As the October 1, 2008, implementation date approaches, we want to provide you with the information you need to ensure Medicaid participants will be able to receive their needed medications and ensure that the transition to these new prescription requirements is as smooth as possible for participants, pharmacists, physicians, and other prescribers. We hope this guidance will help you comply with the requirements.

Continued on Page 2 (Tamper Resistant Requirements)

Continued from Page I (Tamper Resistant Requirements)

While these requirements are federally mandated, individual states are responsible for issuing guidance which may be more (but not less) proscriptive than the guidance below. As part of that guidance Idaho has chosen to forward to the prescriber community, the National Council for Prescription Drug Programs (NCPDP) guidance below. This guidance has been approved by the Centers for Medicare and Medicaid Services. It is likely that the company who supplies your prescription pads/paper, and/or (EMRs)/ePrescribing software is aware of these additional requirements and will be able to work with you to ensure your Medicaid prescriptions comply with the requirements in your state.

For additional information, you can either check the Medicaid Pharmacy Web site at http://www.healthandwelfare.idaho.gov/portal/alias__Rainbow/lang__en-US/tablD__3355/DesktopDefault.aspx or the National Association of State Medicaid Directors Web site at www.NASMD.org/issues/TRPP.asp.

Review of CMS Requirements for October 1, 2008

By October 1, 2008, a handwritten or computer generated and printed prescription must contain at least one feature in all three categories. No feature may be used twice:

- One or more industry recognized features designed to prevent unauthorized copying of a completed or blank prescription.
- One or more industry recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.
- One or more industry recognized features designed to prevent the use of counterfeit prescriptions.

The following best practices are strongly suggested for adoption to meet the tamperresistant requirements (See Appendix I for examples):

	Feature	Description
Category 1: Copy Resistance	A) Void/Illegal/Copy Pantograph with or without Reverse Rx B) Micro print signature line for prescriptions generated by an EMR if they cannot produce Void/Illegal/Copy Pantograph with or without Reverse Rx	The word "Void," "Illegal," or "Copy" appears when the prescription is photocopied. Very small font which is legible (readable) when viewed at 5x magnification or greater, and illegible when copied.
Category 2: E ras ure / Modification Resistance	An Erasure revealing background (resists erasures and alterations) for written prescriptions or printed on "toner-lock" paper for laser printed prescriptions, and on plain bond paper for inkjet printed prescriptions	Background that consists of a solid color or consistent pattern that has been printed onto the paper. This will inhibit a forger from physically erasing written or printed information on a prescription form. Toner-lock paper is special printer paper that establishes a strong bond between laser-printed text and paper, making erasure obvious. Note: This is NOT necessary for inkjet printers – as the ink from inkjet printers is absorbed into normal "bond" paper.
	B) Quantity check off boxes, refill indicator (circle number of refills or "NR"), or border characteristics (dispense and refill # bordered by asterisks and optionally spelled out) for prescriptions generated by an EMR.	In addition to the written quantity on the prescription, quantities are indicated in ranges. Quantities and refill # are surrounded by special characters such as an asterisks to prevent modification, <i>e.g.</i> QTY **50**.

Continued on Page 3 (Tamper Resistant Requirements)

DHW Contact Information

- ◆ DHW Web site www.healthandwelfare. idaho.gov
- ◆ Idaho Careline
 2-1-1
 Toll free: (800) 926-2588
- Medicaid Fraud and Program Integrity Unit PO Box 83720 Boise, ID 83720-0036 Fax: (208) 334-2026 prvfraud@dhw.idaho.gov

Healthy Connections Regional Health Resources Coordinators

- ◆ Region I Coeur d'Alene (208) 666-6766 (800) 299-6766
- Region II Lewiston
 (208) 799-5088
 (800) 799-5088
- ◆ Region III Caldwell (208) 455-7244 (208) 642-7006 (800) 494-4133
- ◆ Region IV Boise (208) 334-0717 (208) 334-0718 (800) 354-2574
- ◆ Region V Twin Falls (208) 736-4793 (800) 897-4929
- ◆ Region VI Pocatello (208) 235-2927 (800) 284-7857
- ◆ Region VII Idaho Falls (208) 528-5786 (800) 919-9945
- In Spanish (en Español) (800) 378-3385

Prior Authorization Contact Information

◆ DME Specialist, Medical Care PO Box 83720

Boise. ID 83720-0036 Phone: (866) 205-7403 (800) 352-6044

(Attn: DME Specialist)

Pharmacy

PO Box 83720 Boise, ID 83720-0036 Phone: (866) 827-9967 (208) 364-1829 (208) 364-1864

◆ Qualis Health (Telephonic & Retrospective Reviews)

10700 Meridian Ave. N. Suite 100

Seattle, WA 98133-9075 Phone: (800) 783-9207 (800) 826-3836 (206) 368-2765

www.qualishealth.org/idaho medicaid.htm

Transportation

 Developmental Disability and Mental Health

Phone: (800) 296-0509, #1172 (208) 287-1172

♦ Other Non-emergent and Out-of-State

Phone: (800) 296-0509, #1173 (208) 287-1173

(800) 296-0513 Fax: (208) 334-4979

Ambulance Review

Phone: (800) 362-7648 (208) 287-1157

(800) 359-2236 Fax: (208) 334-5242

Insurance Verification

♦ HMS

PO Box 2894 Boise, ID 83701 Phone: (800) 873-5875 (208) 375-1132

Fax: (208) 375-1134

Continued from Page 1 (Tamper Resistant Requirements)

	Feature	Description
Category 3: Counterfeit Resistance	Security features and descriptions listed on the prescription	B) A Complete list of the security features on the prescription paper aids pharmacists in identification of features and determine compliance

CMS has determined that states which had tamper-resistant prescription pad programs, with the exception of Idaho, in place prior to the passage of the law are all in compliance with the October 1, 2008, deadline. For your reference, a copy of the standards for each of the following states is attached as Appendix II.

California	Maine
Florida	New Jersey
1 Idaho	New York
Indiana	Texas
Kentucky	Wyoming

Note for prescription pad users

If your current prescription pad vendor cannot meet the needs of the requirements, the following Web sites list vendors that comply with the requirements of states that already mandate tamper-resistant prescription pads for some or all prescriptions. The vendors listed below can meet or exceed all three CMS requirements:

California: http://www.ag.ca.gov/bne/security_printer_list.php

Florida: http://floridamedicaid.consultec-inc.com/XJContent/

RX_07_071003_Prescription_Pad_List_ver1.2.xls?id=000005500053

Indiana: http://www.in.gov/pla/3207.htm

Maine: http://www.mainecarepdl.org/index.pl/home/tamper-resistant-prescription-pads

On average it should take 2 to 4 weeks for your new prescriptions pads/paper to arrive once you have placed your order with a prescription pad vendor. If you are using a new prescription pad vendor for the first time, keep in mind that your shipment may take longer since the vendor will need to process your information.

Appendix III summarizes features, including and in addition to the best practices above, that could be used on a tamper-resistant pad/paper in compliance with the CMS guidelines to meet the requirements for October 1, 2008. They are categorized according to the three types of tamper-proof features described by CMS.

Continued on Page 4 (Tamper Resistant Requirements)

¹Because it only requires a feature to prevent copying, Idaho's current program complies only with the first stage of the implementation process.

Continued from Page 3 (Tamper Resistant Requirements)

Suggested Actions

- I. Make sure that your prescription pads or printed prescriptions contain at least one industry-recognized feature in each of the three categories listed above. Best practice examples of prescription pads and computer generated prescriptions that meet all three categories are described above and shown below.
- II. Contact your prescription pad vendor to secure an appropriate supply of tamper-resistant prescription pads and/or paper that will meet your state's requirements on October 1, 2008; or contact your EMR/ePrescribing vendor to make sure that your use of the application to print prescriptions will be compliant by October 1, 2008.

Impact on Medicaid Participants

In order to ensure that participants do not see any adverse impact regarding their access to medications, it is critical for you to meet **all three** CMS requirements, prior to October 1, 2008. In an emergency situation, prescriptions written on non-tamper resistant pads will be permitted as long as the prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72 hours after the date on which the prescription was filled.

Thank you for your efforts to comply with these new federal requirements.

Appendix 1

Best Practices for Tamper Resistant Printed Prescriptions (Handwritten)

Category 1 A) Photocopied "COPY", "ILLEGAL", or "VOID" Pantograph

Category 2 A) An Erasure revealing background (resists erasures and alterations)

B) Quantity check off boxes

C) Refill indicator (circle number of refills or "NR")

Category 3 A) Security features and descriptions listed on the prescription

EDS Contact Information

♦ MAVIS

Phone: (800) 685-3757 (208) 383-4310

- ◆ EDS Correspondence PO Box 23 Boise, ID 83707
- ◆ Medicaid Claims PO Box 23 Boise, ID 83707
- ◆ PCS & ResHab Claims PO Box 83755 Boise, ID 83707

EDS Fax Numbers

- ◆ Provider Enrollment (208) 395-2198
- Provider Services (208) 395-2072
- ◆ Participant Assistance Line Toll free: (888) 239-8463

Provider Relations Consultant Contact Information

♦ Region 1

Prudie Teal 1120 Ironwood Dr., Suite 102 Coeur d'Alene, ID 83814

Phone: (208) 666-6859 (866) 899-2512 (208) 666-6856 EDSPRC-Region1@eds.com

♦ Region 2

Darlene Wilkinson 1118 F Street PO Drawer B Lewiston, ID 83501

Phone: (208) 799-4350 (208) 799-5167 Fax: EDSPRC-Region2@eds.com

♦ Region 3

Mary Jeffries 3402 Franklin Caldwell, ID 83605

Phone: (208) 455-7162 Fax: (208) 454-7625 EDSPRC-Region3@eds.com

♦ Region 4

Angela Applegate 1720 Westgate Drive, # A Boise, ID 83704

Phone: (208) 334-0842 Fax: (208) 334-0953 EDSPRC-Region4@eds.com

♦ Region 5

601 Poleline, Suite 3 Twin Falls, ID 83303 Phone: (208) 736-2143

Fax: (208) 678-1263 EDSPRC-Region5@eds.com

♦ Region 6

Abbey Durfee 1070 Hiline Road Pocatello, ID 83201

Phone: (208) 239-6268 Fax: (208) 239-6269

EDSPRC-Region6@eds.com

♦ Region 7

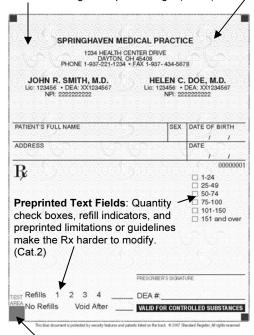
Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402

Phone: (208) 528-5728 Fax: (208) 528-5756 EDSPRC-Region7@eds.com Continued from Page 4 (Tamper Resistant Requirements)

Appendix 1 (continued)

Front

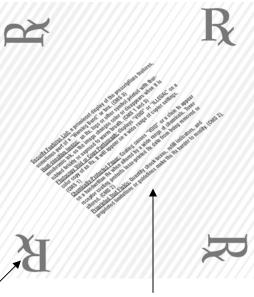
Void or Copy Pantograph: displays "VOID" or "ILLEGAL" on a color copy of an Rx. It will appear on a wide range of copier settings. (Cat. 1)



Heat-sensitive Image: An Rx, logo, or other symbol printed with Thermochromic ink, so the image changes color or disappears when it is rubbed briskly or exposed to warm breath. (Cat. 1 and 3)

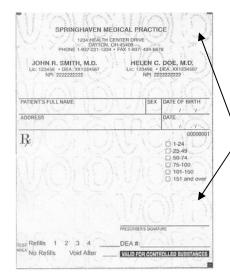
Back

Chemically-Protected Paper: Invisible coating causes "VOID" or a stain to appear on a handwritten Rx when altered by a wide range of chemicals. Toner receptor coating protects laser-printed Rx data from being removed or altered. (Cat. 2) Recommended for use with Preprinted Text Fields



Security Features List: a prominent display of the prescriptions features, sometimes part of a "Warning Band" or box. (Cat. 3)

Example of a Color Copied Prescription



Hollow Pantograph: VOID or ILLEGAL is designed to not obscure or block vital information. Often showing strongest intensity at the "top" or the document. These pantographs generally do not "pop" on a black and white fax

Continued on Page 6 (Tamper Resistant Requirements)

Best Practices for Tamper Resistant Printed Prescriptions (Generated by an EMR)

Category 1 A) Copy Resistance: Microprint signature line*

Category 2 A) Modification/Erasure Resistance: Border characteristics (dispense and refill # bordered by asterisks AND spelled out)

B) Modification/Erasure Resistance: Printed on "toner-lock" paper for laser printed prescriptions, and on plain bond paper for inkjet printed prescriptions

Category 3 A) Counterfeit Resistance: Listing of security features

*Microprint Line viewed at 5x magnification
THIS IS AN ORIGINAL PRESCRIPTION-THIS IS AN ORIGINAL PRESCRIPTION-THIS IS AN ORIGINAL PRESCRIPTION-THIS IS AN ORIGINAL PRESCRIPTION

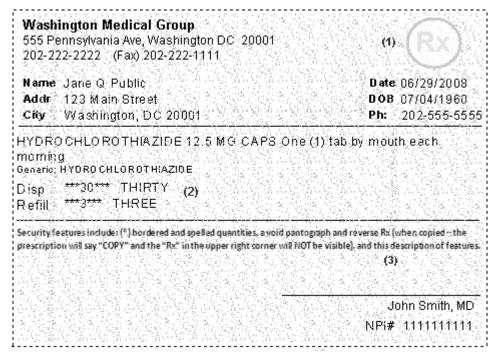
Example A

Washington Medical Group 555 Pennsylvania Ave, Washington DC 202-222-2222 (Fax) 202-222-1111	20001		
Name Jane Q Public Addr 123 Main Street City Washington, DC 20001			06/29/2008 07/04/1960 202-555-5555
HYDROCHLOROTHIAZIDE 12.5 MG morning Generic: HYDROCHLOROTHIAZIDE Disp ****30**** THIRTY (2) Refill ****3**** THREE	CAPS One (1) tab by	mout	h each
Security teatures: () bound & spelled quantities, microp must show THIS IS AN ORIGINAL PRESCRIPTION'&		or > m a	agıMkatloı üat
	(1)		ohn Smith, MD 1111111111

- Category 1: Copy Resistance: Microprint signature line*
- Category 2: Modification/Erasure Resistance: Border characteristics (dispense and refill # bordered by asterisks AND spelled out)
- Category 2: Modification/Erasure Resistance: Printed on "toner-lock" paper for laser printed prescriptions, and on plain bond paper for inkjet printed prescriptions
- Category 3: Counterfeit Resistance: Listing of security features

*Microprint Line viewed at 5x magnification
THIS IS AN ORIGINAL PRESCRIPTION-THIS IS AN ORIGINAL PRESCRIPTION-THIS IS AN ORIGINAL PRESCRIPTION-THIS IS AN ORIGINAL PRESCRIPTION

Example B



- Category 1: Void/Illegal/Copy Pantograph with or without Reverse Rx
- Category 2: Modification/Erasure Resistance: Border characteristics (dispense and refill # bordered by asterisks AND spelled out)
- Category 2: Modification/Erasure Resistance: Printed on "toner-lock" paper for laser printed prescriptions, and on plain bond paper for inkjet printed prescriptions
- Category 3: Counterfeit Resistance: Listing of security features

Appendix II

Tamper-Resistant Prescription Pad Security Features Required by States Prior to April 1, 2008

State	Security Features
California	Prescription pads must be printed from approved vendors only. ¹ "Void" pantograph, security prescription watermark, chemical void protection, area of opaque writing, quantity check boxes with units, printed on security paper, security back printing, listing of security features, thermo chromatic ink, batch numbering, separate vendor ID, sequential numbering starting at 0001 at each new order. ¹
Florida	Prescription pads must be printed from approved vendors only. "Void" or "Illegal" pantograph (green or blue), erasure safe paper, background ink that resists reproduction, watermarked paper, security feature listing (face or back), batch number which includes vendor ID, physicians license verification required by vendor.

¹ For controlled substances only.

² Because it only requires features to prevent copying, Idaho's current program complies only with the first stage of the implementation process.

Appendix II (continued)

Tamper-Resistant Prescription Pad Security Features Required by States Prior to April 1, 2008

State	Security Features
ldaho ²	Non-copyable paper ONLY ¹
Indiana	"Void" pantograph (blue), Security Back print, quantity check boxes, refill quantity and "void after" wording, one prescription per form, dispense as written/may substitute wording. ¹
Kentucky	"Void" pantograph (green), Security Back print, quantity check boxes, refill quantity and "void after" wording, one prescription per form, dispense as written/may substitute wording. 1
Maine	"Void" pantograph, repetitive watermark on backside, thermo chromatic ink, list of security features. 1
New Jersey	Prescription pads must be printed from approved vendors only. State seal on face and back for pantograph, "Rx" graphic on face, blue face with black imprint, green back, batch number which includes vendor ID, eight standard formats, pre-printed batch number, physicians license verification required by vendor, shipment log by vendor, prescription blanks for each prescriber or health care facility must be numbered consecutively.
New York	"Void" pantograph, thermo chromatic ink, diagonal lines, micro fine printing, serial number and bar code.
Texas	"Void' pantograph, thermo chromatic ink, erasure safety paper, security features listed, control number.
West Virginia	"Void" pantograph (green), Security Back print, quantity check boxes, refill quantity and "void after" wording, one prescription per form, dispense as written/may substitute wording. 1
Wyoming	Prescription pads must be printed from approved vendors only. "Void" Pantograph, erasure protection on a colored background, security features listed, physician license verification by vendor. "Void" Pantograph, erasure protection on a colored background, security features listed, physician license verification by vendor. "One of the colored background is a

For controlled substances only.
 Because it only requires features to prevent copying, Idaho's current program complies only with the first stage of the implementation process.

Appendix III

Summary of features that could be used on a tamper-resistant pad/paper in compliance with the CMS guidelines

Category 1 - Copy Resistance: One or more industry recognized features designed to prevent unauthorized copying of a completed or blank prescription form. **Feature** Description "Void," "Illegal," or "Copy" pantograph with or without The word "Void," "Illegal," or "Copy" appears when the prescription is Reverse "Rx" photocopied. Except where state law mandates the word "Void" or "Illegal" – it is recommended that the pantograph show the word "Copy" if the prescription is copied. The pantograph should be configured so as not to obscure the security feature description contained on the prescription, the patient and prescriber demographics, or the medication and directions. Some pantographs can be problematic because when the prescription is copied, the resulting "void" or other wording that appears makes the underlying prescription difficult to read. This type of pantograph should be avoided. We suggest that you ask your pad vendor about hollow "VOID" pantograph lettering which is less likely to obscure the prescription information. The Reverse Rx disappears when copied at a light setting – thus making the pantograph more effective in copy resistance. The pantograph may be used with a reverse Rx, but Reverse Rx is not effective as a feature by itself. Micro printing – To be effective, this feature must be Very small font which is legible (readable) when viewed at 5x printed in 0.5 font or less making it illegible to the magnification or greater, and illegible when copied. pharmacist when copied Thermochromic ink Ink changes color with temperature change. Coin-reactive ink Ink changes color when rubbed by a coin. Watermarking Security back print (artificial watermark) Printed on the back of prescription form. The most popular wording for the security back print is "Security Prescription" or the security back print can include the states name. Can only be seen when viewed at an angle. Weak digital watermarks cannot be read if copied and strong digital watermarks provide digital rights management/"proof" of origin when copied. Digital watermarks Special paper contains a watermark that can be seen when backlit.

Watermarking on special paper

Appendix III

Summary of features that could be used on a tamper-resistant pad/paper in compliance with the CMS guidelines

Category 2 – Erasure / Modification Resistance: One or more industry-recognized features designed to prevent the erasure or modification of information written / printed on the prescription by the prescriber.

Features to Prevent Erasure	Description
An erasure revealing background (erasure resistance)	Background that consists of a solid color or consistent pattern that has been printed onto the paper. This will inhibit a forger from physically erasing written or printed information on a prescription form. If someone tries to erase, the consistent background color will look altered and show the color of the underlying paper.
Toner Receptor Coating / Toner Lock or Color Lock paper (erasure resistance for computer generated prescriptions printed with a laser printer) OR	Special printer paper that establishes a strong bond between laser-printed text and paper, making erasure obvious. Note – this is NOT necessary for inkjet printers – as the ink from inkjet printers is absorbed into normal "bond" paper.
Chemically reactive paper (erasure resistance for hand written prescriptions)	If exposed to chemical solvents, oxidants, acids, or alkalis that can be used to alter the prescription, the chemically reactive paper will react and leave a mark visible to the pharmacist.
Features to Prevent Modification	Description
Quantity check off boxes and refill indicator (circle or check number of refills or "NR)	In addition to the written quantity on the prescription, quantities are indicated in ranges. It is recommended that ranges be 25's with the highest being "151 and over". The range box corresponding to the quantity prescribed MUST be checked for the prescription to be valid.
	The refill indicator indicates the number of refills on the prescription. Refill numbers must be used to be a valid prescription.
Pre-printed language on prescription paper	Refill numbers must be used to be a valid prescription.
Pre-printed language on prescription paper Example: "Rx is void if more than XXX Rx's on paper"	

Please note that while ONLY one feature from this Category 2 is required, it is strongly recommended that one feature of erasure resistance and one feature of modification resistance be used. Inkjet printed prescriptions are de-facto erasure resistant based on the characteristics of inkjet ink.

Continued from Page 10 (Tamper Resistant Requirements)

Category 3 – Counterfeit Resistance: One or more industry-recognized feature designed to prevent the use of counterfeit prescription forms.		
Feature	Description	
Security features and descriptions listed on prescriptions – this feature is strongly recommended on all prescriptions	Complete list of the security features on the prescription paper for compliance purposes. This is strongly recommended to aid pharmacists in identification of features implemented on prescription.	
Thermochromic ink	Ink changes color with temperature change.	
State Approved Vendor ID	This feature is only effective in states with an approved vendor listing.	
Serial number	Number issued by printer of prescription or uniquely assigned by EMR or ePrescribing software; may or may not be sequential. Only valid if reported and tied to the pharmacy claim adjudication process. NY is the only state that has this system currently in place.	
Encoding techniques (bar codes)	Bar codes on prescription. Serial number or Batch number is encoded in a bar code.	
Security Thread	Metal or plastic security threads embedded in paper as used in currency.	

Physicians Billing for Prophylactic Mastectomies

Effective immediately, Idaho Medicaid will use the CIGNA Healthcare Coverage Position criteria to determine coverage for prophylactic mastectomies. The criteria is available online at

http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0029_coveragepositioncriteria_prophylactic_mastectomy.pdf.

- Prior authorization is not needed for prophylactic mastectomies.
- Claims must be billed with the appropriate ICD-9-CM diagnosis prophylactic mastectomy code(s).
- Bill on a paper CMS-1500 claim form with a statement attached that indicates how the participant meets the CIGNA criteria.

If you have questions, please contact the Medicaid Medical Care Unit at (208) 364-1954.

Identify Medicare Crossover Claims

We are receiving an increased number of Medicare Remittance Notice (MRN) forms that do not have prominent wording, or indicators, to identify that they are Medicare related. You must submit each Medicare crossover claim with an MRN attached that clearly states what was applied to the Medicare payment and any adjustments.

If the MRN does not clearly identify that it is a Medicare document, please write "MEDICARE" on the top right margin of the claim form or the MRN to help us sort the claim correctly. This will help ensure that your claim is batched correctly for appropriate processing. Please refer to your *Medicaid Provider Handbook*, Section 2.5.1 for this instruction. You can also bill Medicare crossover claims electronically. Electronic billing is faster and more efficient than billing on paper.

Call EDS toll free at (800) 685-3757 or in the Boise area at 383-4310 from 8 a.m. to 6 p.m. MT to request our *Provider Electronic Solution* (PES) software (provided by EDS at no cost). You can contact EDS, EDI technical support option, at the same numbers as above from 8 a.m. to 5 p.m. MT to set up electronic billing with your vendor software.

Adjust or Resubmit?

One way to faster claim resolution and payment is knowing when to make an adjustment request and when to resubmit a claim for payment. To make that decision it is important to understand the status of the claim. Once a claim is submitted to EDS processing for payment, it falls into one of three categories: paid, denied, or pended.

A claim with a paid status has been processed, checked for errors, finalized, and approved for payment. A claim with a denied status cannot be paid for the reason stated on the remittance advice (RA). A claim with a pended status has been suspended (pending) in the system for a claims adjudicator to perform a manual review for compliance with Medicaid policy to determine if the claim can be paid, or if it must be denied.

Note: Pending claims cannot be corrected and resubmitted until processing has been finalized by the system. While pending, they have not completed processing. Do not resubmit pended claims.

Billing errors that result in an incorrect payment can be corrected as follows:

Electronic claims:

 Claims that have been paid incorrectly can be quickly and easily voided and replaced by using the EDS billing software, Provider Electronic Solution (PES), or another vendor's billing software. See the Idaho PES Handbook or other vendor software instructions.

Paper claims:

Denied claims or denied claim details can be rebilled with the correction. A denied claim or denied claim detail can
only be corrected by submitting a new claim. Remember, the new claim will need to include any necessary
attachments and any internal control number (ICN) from previous claims that may be required to document timely
filing.

Note: Do not use an Adjustment Request Form when rebilling a denied claim or denied claim detail.

Paid claims with an incorrect paid amount must be adjusted. A paid paper claim can be corrected using an Adjustment Request Form; but a new claim cannot be used to correct a paid claim. Writing "corrected claim" on a paper claim will not fix the earlier error because this new claim will be denied by the system as a duplicate claim. Instead, use an Adjustment Request Form to notify EDS of the billing error and to either request further payment if the provider was underpaid for the service, to apply a third party payment received after the original Medicaid payment, or to send a refund if the provider was overpaid for the service. The Adjustment Request Form is used to correct either an entire claim or just a particular line of detail on a claim.

Note: Provider identification number or participant Medicaid number cannot be changed. These claims must be voided and rebilled with the correct information.

Adjustment Request Forms are in the *Medicaid Provider Handbook*, *Appendix D; Forms*, and on the Web at **www.healthandwelfare.idaho.gov**. Click on *Medicaid Provider Information* in the list on the right side of the screen, and click on *Medicaid Provider Handbook* in the list on the right side of the next screen, under *Other Resources*. Scroll down to *Appendices/Forms* and click on *Forms*. Instructions are included in the appendix with the form. Print and copy the form as needed.

Complete the following Adjustment Request Form fields:

- Provider's Idaho Medicaid provider identification number
- Provider's name
- Claim ICN (one claim per form)
- Participant's Medicaid identification number
- Participant's name
- Remittance Advice number and date are helpful but not required

Continued on Page 13(Adjust or Resubmit)

Continued from Page 12 (Adjust or Resubmit)

- **Field 10:** Write what the incorrect information on the claim was and what the correct information should have been. No other explanation is needed. If there is more than one detail line, specify which line needs correction
- **Field 11:** Mark the appropriate selection to make a refund by check (made out to *Idaho Medicaid*). Request that the overpayment be deducted from a future warrant, or ask for additional payment
- Sign and date the adjustment request

Mail to EDS at the address on the top of the form. Faxed copies are not accepted and will be returned to the provider.

If you have questions about adjustments, contact your regional EDS provider relations consultants listed in the sidebar on page 5.

Remember, denied claims and denied claim details can be corrected by rebilling a new claim. Paid claims are adjusted with an Adjustment Request Form.

Paper Claims: Do Not Require National Provider Identifier (NPI)

Your NPI is for electronic claims processing. However, paper claims require a valid Idaho Medicaid provider identification number for processing. You can put your NPI on the paper claim, but it is not required. Paper claims are processed using your provider identification number.

Please make sure your provider identification number is in the correct field of the paper claim and is legible for scanning. Remember, a computer will read the claim data so legibility and alignment within the field is very important.

The paper CMS-1500 professional claim form requires a qualifier: **1D** (one-D), to be placed in front of your 9-digit Idaho Medicaid provider identification number in field **33b** (for example: **1D**012345678). It should be legible and aligned within the field. The **1D** qualifier should be entered into field **24l** when a rendering provider's Idaho Medicaid provider identification number is listed in the pink area of field **24J**. Healthy Connections referral provider numbers entered in field **17A** also require a **1D** qualifier proceeding the 9-digit number.

You will find specific instructions for filling out claim forms at the end of Section 3 in your *Medicaid Provider Handbook*.

Paper claims **require** a valid Medicaid provider number for processing. Paper claims submitted with an NPI number only in field **33** cannot be processed and will be returned to providers for correction. CMS-1500 claim forms require the **1D** (**one-D**) qualifier preceding the Idaho Medicaid provider number in field **33b**. The **1D** qualifier should be entered into field **24I** when a rendering provider's Idaho Medicaid provider identification number is listed in the pink shaded area of field **24J**. Claims submitted with **only** an NPI in field **24J** will be denied. Detailed instructions for paper claims are listed at the end of Section 3 in your *Medicaid Provider Handbook*.

Medicaid Management Information System (MMIS) Transition News

Interactive Voice Response System (IVR)

As many of you know, Idaho Medicaid is moving closer to transitioning our old MMIS to our new system at the end of 2009. Each month we are focusing on one of the exciting new features that will be available to providers in the new system.

This month, we want to tell you about the changes to the Interactive Voice Response System (IVR), which will be known as Medicaid Automated Customer Service or MACS for short. The new system will bring leading edge voice recognition technology while still providing access to all of the information currently available in the MAVIS system. In addition, there will be the added benefit of receiving the 'average hold time' to speak to a representative and detailed response for Healthy Connections referral status.

Medicaid Automated Customer Service will also offer caller progress tracking, which will track the caller's progress through the IVR system. You will no longer have to repeat information to a customer service representative (CSR) that you already provided through the automated IVR process.

For example, if you are checking the claim status for a participant and wanted to speak to a CSR, once connected, that CSR will already have the claim information you entered displayed on the computer screen and be ready to assist you with the claim. If you have questions or need additional information, you can contact the MMIS team at IdahoMMIS@dhw.idaho.gov.

Watch next month's newsletter for new claims processing features that will be available to the Idaho Medicaid provider community.

Top Reason Paper Claims are Returned Without Processing

When paper claims arrive at EDS, the document control team looks at each claim to validate that it contains the basic information needed for processing. The single most common reason claims are returned to the provider without processing is the provider identification number or qualifier **1D** (one-D) is missing from field **33b** on the CMS-1500 form.

Each paper claim must have the Idaho Medicaid provider identification number on the claim for it to be processed, and to ensure that any payment is sent to the correct provider. This is not the National Provider Identifier (NPI) number that is used for electronic claims processing.

The CMS-1500 form requires the use of a qualifier, **1D** (one-D), which indicates to the claims processing system that the number immediately following it (with no space between) is the Idaho Medicaid provider identification number that is used to process paper claims. Complete instructions for filling out the CMS-1500 claim form are located on the Idaho Department of Health and Welfare's Web site at **www.healthandwelfare.idaho.gov**, under the *Medicaid Provider Information* link on the right side of the page.

Billing Provider Information Fields

33. BILLING PROVIDER INFO & PH	#()
a.	^b 1D123456789
	15120100100

Physician Code Reimbursement Rates

Reimbursement rates for physician services were changed retroactively effective July 1, 2008. Idaho Medicaid will perform mass adjustments to claims with dates of service after July 1, 2008. You should begin to see these mass adjustments on your Remittance Advice within the next four weeks.

Mass adjustments will pay at the higher rate only if the claim was originally billed with your usual and customary charge. Adjusted claims cannot be paid at the new rate if your original billed amount was less than the new rate on file. You will need to void the original claim and resubmit it at the higher amount.

Keep Your Staff Up-to-Date on Accurate Claims Processing

EDS provider relations consultants (PRCs) continue to offer a series of provider workshops. Each consultant conducts a two hour regional workshop every two months to help providers in their region.

The topics include:

- Learn more about National Provider Identifier (NPI)
- General Medicaid Billing
- Provider Resources
- Using PES Software
- CMS-1500

The next workshop is scheduled for all regions Tuesday, September 9 from 2 to 4 p.m. These training sessions are provided at no cost to providers, but space is limited so please pre-register with your local PRC. Phone numbers for the PRCs are listed in the sidebar on page 5.

Attention Providers:

Please note the following changes for the November workshops on your calendars.

- The November workshop for all regions except for Region 5, will be November 12 from 2 to 4 p.m. This change is due to the holiday on November 11, 2008.
- The November workshop for Region 5 will be Tuesday, November 4 from 1 to 3 p.m.

For Your Information ...

Did you know that the MedicAide newsletter can be accessed online at www.healthandwelfare.idaho.gov.

Here's how you find it:

- Choose Medicaid Provider Information from the list on the right side of the screen
- Under the Other Resources heading on the right side listing, choose Newsletters
- You can obtain the current newsletter information as well as the archived history

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September Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following state holiday:

Labor Day

Monday, September 1, 2008.

A reminder that MAVIS
(the Medicaid Automated Voice Information Service)
is available on state holidays at:

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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If you have any comments or suggestions, please send them to: taylorc3@dhw.idaho.gov

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